

For Board Use Only

Date of Application _____ \$ _____ Application Fee CK # _____ App # _____
Date of Oral Examination _____ Oral Examination Results _____
License Number _____ Date Issued _____ Expires _____
Date Child Support Checked: _____ Y/N Date ASPPB Data Bank Checked _____ Y/N
Date of licensure fee paid: _____ CK# _____ \$ _____ ¼ ½ ¾ 1 year prorated

**APPLICATION FOR THE
SOUTH DAKOTA DEPARTMENT OF HUMAN SERVICES
Board of Examiners Of Psychologists
135 East Illinois, Suite 214
Spearfish, SD 57783
Phone: (605) 642-1600**

GENERAL INFORMATION (Please Type)

1. Name _____ 2. Degree _____
(Last) (First) (MI)
Social Security Number _____
3. Business Address _____
(Street or P.O. Box) (City) (State) (Zip)
Business Phone (_____) _____
4. Home Address _____
(Street or P.O. Box) (City) (State) (Zip)
Home Phone (_____) _____
5. Date and Place of Birth _____
6. Diplomate of American Board of Professional Psychology? Yes ☐ No ☐
7. Are you or have you ever been licensed as a psychologist in any other State or Province? Yes ☐ No ☐
Please send a Verification of Licensure Form to each State or Province to be completed and returned directly to the Board Office.
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
Give States/Provinces _____
Original Date _____ Number _____ Expiration Date _____
8. Have you ever taken the Professional Examination Service examination for licensure or certification in psychology? Yes ☐ No ☐
If yes, in which States/Provinces? _____ Date _____
If yes, Please have scores sent directly to the above address by EPPP.

9. Has any State/Province rejected your application or revoked your professional license or certificate? Yes ☐ No ☐
10. Has any professional association rejected your application for membership or revoked a membership you held? Yes ☐ No ☐
If yes, give complete details on a separate sheet.
11. Has any State/Province Regulatory Board or any professional organization determined that you committed unprofessional conduct? Yes ☐ No ☐
If yes, give complete details on a separate sheet.
12. Have you ever been convicted of a crime other than misdemeanor traffic offenses? Yes ☐ No ☐
If yes, give complete details on a separate sheet, including copies of the court's judgment and any written decisions in that case.
13. Have you ever been accused in a court of law of any civil or criminal misconduct, other than misdemeanor traffic offenses, which is not listed elsewhere in your responses to this application? Yes ☐ No ☐
If yes, give complete details on a separate sheet, including copies of the court's judgment and any written decision in that case.
14. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support? Yes ☐ No ☐

15. EDUCATION OR TRAINING Please have transcripts sent directly to the Board office.

University or College	Address	Dates Attended	Degree	Major Subject
a. _____				
b. _____				
c. _____				
d. _____				
e. _____				

16. DOCTORAL DEGREE:

Major Advisor _____

Department _____

Title of Dissertation _____

17. **Please attach a sheet arranging your courses to the content areas of biological bases of behavior, cognitive-affective bases of behavior, social bases of behavior, individual differences. You must complete this Requirement for your application to be approved.**

18. INTERNSHIP: (Please have supervisor complete Internship Form)

Name of Facility: _____

Address: _____
(Street or P.O. Box) (City) (State) (Zip)

Date: (From) _____ (To) _____

Total Number of Internship hours completed: _____

Nature of Training: _____

Name of Direct Supervisor: _____

Supervisor's Title: _____

19. List major postdoctoral psychological experience (list supervisor, number of hours and dates): _____

20. My primary areas of intended professional practice are: _____

21. PROFESSIONAL EXPERIENCE (Please list current position first)

a. Current Position _____ Organization _____
Address _____
(Street or P.O. Box) (City) (State) (Zip)
Dates _____ Primary Responsibilities _____

Supervisor _____

b. Position _____ Organization _____
Address _____
(Street or P.O. Box) (City) (State) (Zip)
Dates _____ Primary Responsibilities _____

Supervisor _____

c. Position _____ Organization _____
Address _____
(Street or P.O. Box) (City) (State) (Zip)
Dates _____ Primary Responsibilities _____

Supervisor _____

d. Position _____ Organization _____
Address _____
(Street or P.O. Box) (City) (State) (Zip)
Dates _____ Primary Responsibilities _____

Supervisor _____

e. Position _____ Organization _____
Address _____
(Street or P.O. Box) (City) (State) (Zip)
Dates _____ Primary Responsibilities _____

Supervisor _____

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Applicant

Date

The undersigned, having appeared before me and being identified as the same individual by appropriate identification, being sworn, deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application.

Sworn to before me this _____ day of _____, _____

Signature of Notary Public

My commission expires _____

The Board of Psychologists does adhere to the Human Relations Act of 1972 and therefore does not discriminate against applicants on the basis of race, sex, religion or national origin.

In accordance with the Americans With Disabilities Act, if you so desire special accommodations please contact this office 60 days prior to exam.